PART B - FEE(S) TRANSMITTAL

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32294	7590 02/1	2/2007	na	ve its own certificat	c of mailing or transmission	
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TYSONS CORN	IER, VA 22182					(Depositor's name)
					***************************************	(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	₹	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/553,681	10/17/2005		Shogo Hattori		59494.00024	1825
TITLE OF INVENTION	HITAKE AND CONT	ROL DEVICES FOR AT	HNTERNAL COMBUST	ION ENGINE 4		
AIR IN	TAKE APPARATU	S AND CONTROL	APPARATUS FOR	AN INTERNA	L COMBUSTION EN	GINE
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/14/2007
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	05/10/2007	MAHMED2 00000135 10	553681
ARGENBRIGHT, T	TONY MICHAEL	3747	123-494000	01 FC:1501		1400.00 OP 300.00 OP
1. Change of corresponde CFR 1.363).	nce address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent figgt passes	t CCanin	30.00 UP
Change of correspondence address (or Change of Correspondence or agents OR, alternatively.						
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3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON 1	THE PATENT (print or type	oc)		
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp				ee is identified below, the	document has been filed for
(A) NAME OF ASSIG	NEE		(B) RESIDENCE: (CITY	and STATE OR Co	OUNTRY)	•
	ihin Corpora		Tokyo	, Japan		
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual X Cor	rporation or other private gr	oup entity Government
4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Check No.16326						
Missue Fee A check is enclosed. Check No.16326 WPublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
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5. Change in Entity Statu a. Applicant claims		above)	_		L ENTITY status. Sec 37 C	
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Authorized Signature		mi >		Date May	93 2007	
Typed or printed name	Alicia M. Ch	oi		Registration No		
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